Impact

Student Enrollment Form

Student's Name _____   _____   _____   { } Male   { } Female
                           Last   First   M.I.

Address _____   _____   _____   _____
                      Street   City   State   Zip

Home Phone (_____) _____-_____   Date of Birth ___ / ___ / ___   Grade entering 25/26 _____
                                                        Mo   Day   Yr.

_____

Family Information

Mother's Name _____   _____ Cell (_____) _____-_____ Work (_____) _____-_____
                       First   Last (if different than child's)

Email _____   Employer_____

Father's Name _____   _____ Cell (_____) _____-_____ Work (_____) _____-_____
                        First   Last (if different than child's)

Email _____   Employer_____

Marital Status   ( ) married   ( ) separated   ( ) divorced   ( ) widowed   ( ) single parent
   •   If divorced or separated, please indicate student's primary residence ( ) Mother   ( ) Father
   •   May the non-custodial parent pick up the child? _____ If no, legal documentation from the court is required
                                                      Yes or No

Are there any special instructions on how to reach you while your child is in our care?
_____

_____
Pick Up / Drop Off
I give permission for my child to leave Zion Congregational Church with the following persons named below. It is the responsibility of the parents to notify the church, in writing, of any changes.

Name	Relationship	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Person (s) **NOT** authorized to pick up child: _____